Status (patented, pending abandoned)

Attorney Docket No.

COMBINED DECLARATION AND POWER OF ATTORNEY

AROS PATENT AB

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

(if plural tion enti	names are listed below) of tled: Chocking app	of the subject matter which is paratus	me is listed below) or an original, claimed and for which a patent i	s sought on the inven-	
tne spe	cification of which: (check		I ADDI ICATION		
		REGULAR OR DESIGN	APPLICATION		
	is attached hereto.				
	was filed on	as applicati	on Serial No.	-	
,	and was amended on _	(if a	applicable).		
	PCT	FILED APPLICATION ENTE	ERING NATIONAL STAGE		
	was described and claimed in International application No.PCT/SE2004/000009 filed on January 8, 2005 and as amended on (if any).				
i hereb claims,	y state that I have review as amended by any amen	ed and understand the contidurent referred to above.	tents of the above-identified spe	cification, including the	
	wiedge the duty to disclos tions, §1.56.	e information which is materi PRIORITY 0	al to patentability as defined in Ti	itle 37, Code of Federal	
cate lis	ted helow and have also i	nefits under 35 USC 119 or dentified below any foreign a stion on which priority is claim PRIOR FOREIGN AF		s certificate having a fil-	
	Country	Application	Date of Filing	Priority	
		Number	(day, month, year)	Claimed	
<u>.</u>	Sweden	0300023-9	10 January 2004	Yes	
		•			
	oy claim the benefit under listed below:	Title 35, United States Code	§119(e) of any United States pro		
Applic	ation No.	Filing Date	Status (patented, p	ending abandoned)	
(Comp	plete this part only if this is	a continuing application.)			
ject m provid	atter of each of the claims ed by the first paragraph	of this application is not disc	States application(s) listed below closed in the prior United States adge the duty to disclose informations §1.56 which became available filing date of this application:	ipplication in the manner tion which is material to	

Filing Date

Application No.

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from AROS PATENT AB as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 000466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, and Eric JENSEN, Reg. No. 37,855,

c/o YOUNG & THOMPSON, Second Floor, 745 South 23rd Street, Arlington, Virginia 22202.

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Bengt-Olov Eriksson				
Inventor's signature: Defile of	Date: 29/7-05			
Residence: Svärdsjö, Sweden	Citizenship: Swedish			
Post Office Address: Backa 135, SE-790 23 SVÄRDSJÖ,	Sweden			
Full name of second joint inventor, if any:				
Inventor's signature:	Date:			
Residence:				
TO LATE Address.				
Full name of third joint inventor, if any:				
Inventor's signature:	Date:			
Residence:				
Post Office Address:				
Full name of fourth joint inventor, if any:				
Inventor's signature:	D. A.			
Residence:				
Post Office Address:				